Air Force Allergy/Asthma Regulations and AFI 48-123

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Overview

- General Concepts
- Specific Allergy Related Medical Conditions
  - Asthma, Allergic Rhinitis
  - Atopic Dermatitis, Urticaria
  - Food allergy and Stinging Insect Hypersensitivity
- Specific Situations
  - Flying Duty, Deployment
- Profiles and MEBs

General Concepts

- “It is the responsibility of every Air Force provider to become familiar with the medical standards for continued worldwide duty, and to identify members who are no longer worldwide qualified.”
- “In order to maintain a fit and vital force, the Secretary of the Air Force relies on disability laws to remove active duty and ARC members who can no longer perform their military duties because of a mental or physical defect.”
- The purpose of the Medical Evaluation Board:
  - “The MEB is the first step in the Air Force disability evaluation process to determine who is not worldwide qualified.”
  - AFI 48-123, Chapter 7, and Attachment 2, outlines those medical conditions that require a medical board.

AFI 41-210 Chapter 10

BY ORDER OF THE SECRETARY OF THE AIR FORCE

AIR FORCE INSTRUCTION 48-123

22 MAY 2001

Aerospace Medicine

MEDICAL EXAMINATIONS AND STANDARDS

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

http://afpubs.hq.af.mil

Air Force Instruction 48-123

- Establishes procedures, requirements, recording, and medical standards for examinations given by the Air Force
- Prescribes procedures and references the authority for retiring, discharging, or retaining members who, because of physical disability, are unfit to perform their duties
- Applies to all active duty members, AF reserve, Air National Guard and all applicants for military service, scholarship programs, and the Air Force Reserve.

- Available on the web at http://afpubs.hq.af.mil

AFI 48-123

- Guidelines
- Establishes medical conditions *which may preclude continued military service and require MEB processing*
  - For Continued Military Service: Chapter 7.1 and attachment 2
  - For Enlistment/Accession (Chapter 7.2, *attachment 2, attachment 3*)
  - For Specialized duty areas (Chapters 7.3-7.7)
    - Flying Duty
    - Missile Operations Crew Duty etc

AFI 48-123

- Conditions listed in the attachment require
  - Medical Evaluation Board (MEB) processing for active duty and Air National Guard (ANG) members OR
  - Worldwide Duty Evaluation for Air Reserve Component (ARC) members; initiate Line of Duty Determination AF Form 348
- The AFI 48-123 guidelines are not “complete”/ comprehensive
- *“Any condition in the opinion of the provider of care that is felt to be unacceptable for continued military service is reason for performing an MEB (or worldwide duty medical evaluation when applicable for ARC members)”*

What Requires MEB Processing?

- Specific illnesses (i.e.. diabetes, seizures, myocardial infarction, asthma)
  - See AFI 48-123 for specific guidelines
- Any condition which “…in the opinion of the provider of care to be unacceptable for continued military service…”
  - Any condition severe enough to significantly impair ability to perform duties
  - Any condition with substantial risk of sudden need for hospitalization or emergency care

What was the most common reason for medical evacuation from Desert Storm?

Asthma

(25%)

Asthma

For active duty members, the following require MEB processing:

- Recurrent bronchospasm
- Reactive airway disease
- Unless these conditions are due to a well defined, avoidable precipitant cause

The following are disqualifying for **enlistment/ entry into military service**

- Reactive airway disease
- Exercise induced bronchospasm
- Asthmatic bronchitis
- *These conditions reliably* diagnosed <u>at any age</u>

Reliable Diagnostic Criteria

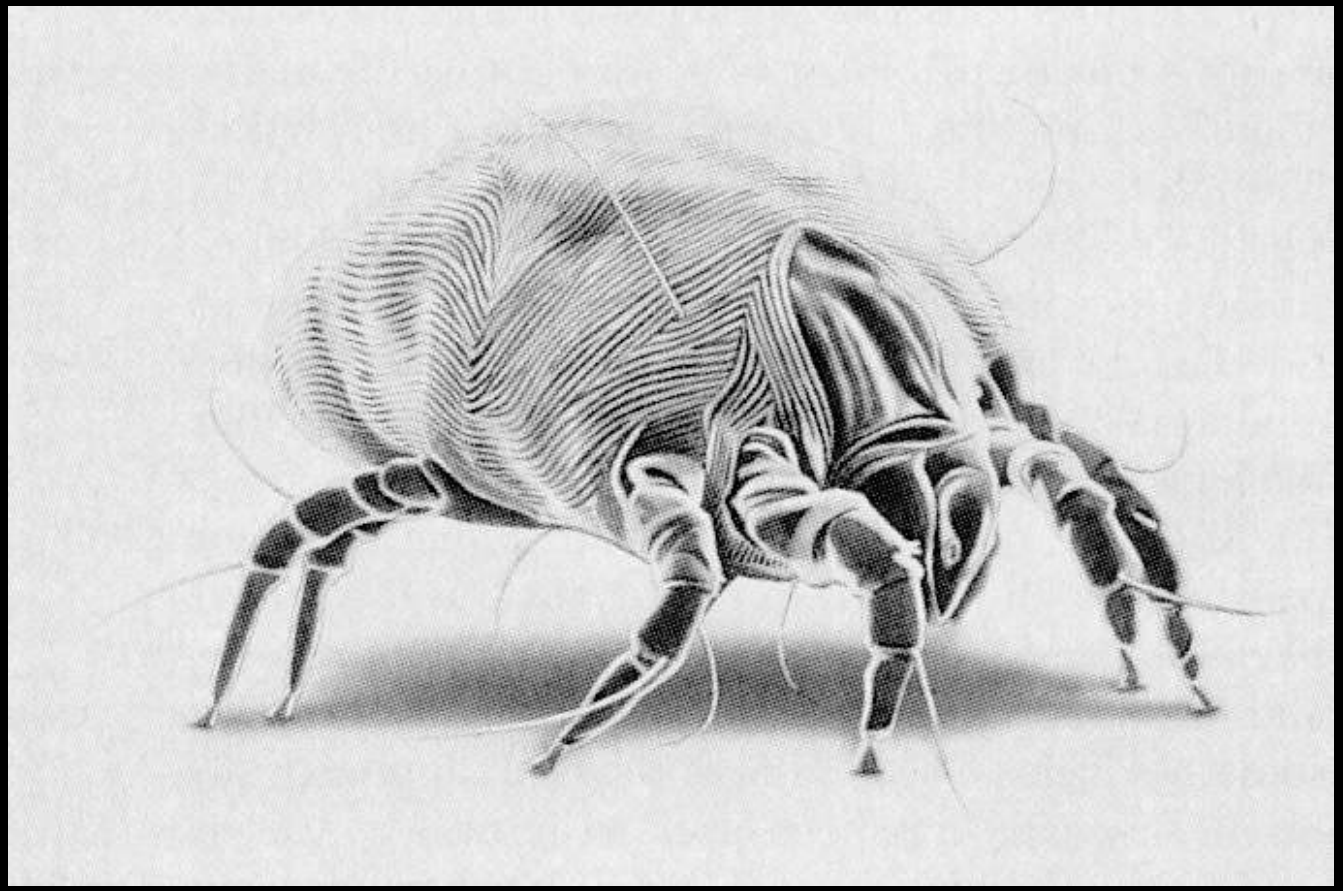
- Reliable diagnostic criteria should consist of any of the following elements:
  - Substantiated history of cough, wheeze, and or dyspnea which persists or recurs over a prolonged period of time (generally more than 6 months)
- **Or** if the diagnosis of asthma is in doubt, **test for:**
  - **Reversible Airflow Obstruction** (> 15% increase in FEV1, following administration of an inhaled bronchodilator)
  - **Airway Hyper reactivity** (exaggerated decrease in airflow induced by a standard bronchoprovocation challenge such as methacholine, histamine or exercise challenge)
  - Bronchoprovocation or exercise testing should be performed by a board certified pulmonologist or allergist

Reliable Diagnostic Criteria

- **Reversible Airflow Obstruction**
  - **$\frac{\text{FEV1(post-bronchodilator) - FEV1(pre- bronchodilator)}}{\text{FEV1(pre-bronchodilator)}}$**
  - **> 15% Reversibility in FEV1 meets DOD criteria for diagnosis of asthma**
  - **(ATS criteria for diagnosis of asthma: > 12 % increase *and* 200 cc increase in FEV1*)**
- **Airway Hyper reactivity**
  - **$\frac{\text{FEV1(pre-challenge) - FEV1 (post-challenge)}}{\text{FEV1 (pre-challenge)}}$**
  - **> 20% decrease in FEV1 during a methacholine/histamine challenge**
  - **> 15% decrease in FEV1 during an exercise challenge**

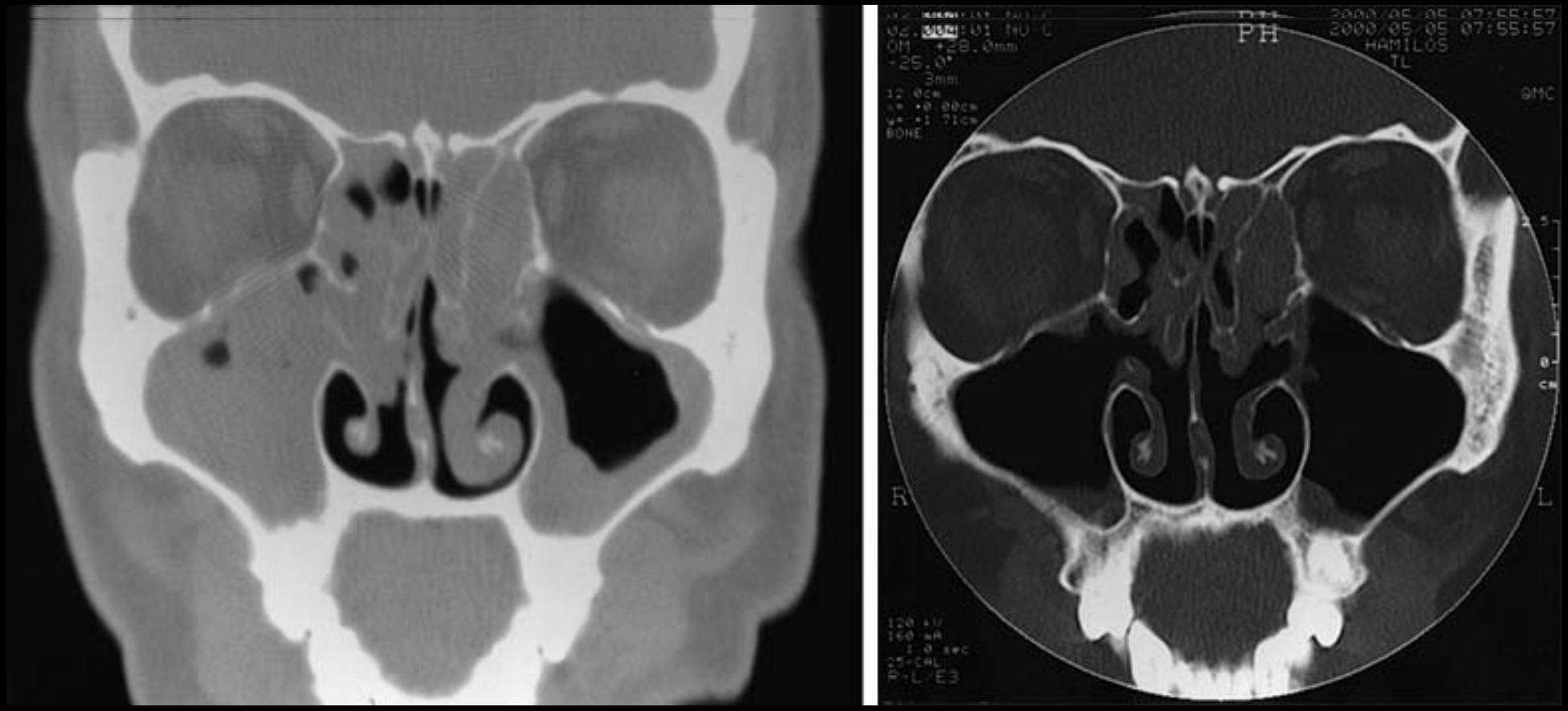
American Thoracic Society. Guidelines... Am Rev Respir Dis 1993; 147:1056-1061

Rhinitis



Disqualifying Rhinitis Conditions

- For Continued Military Service
  - Bilateral atrophy of nasal mucus membranes, with severe crusting, concomitant headaches, and foul, fetid odor (atrophic rhinitis)
- For Accession:
  - Allergic rhinitis – "if moderate or severe and not controlled by oral medications, desensitization, or topical corticosteroid medication"
- For Flyers:
  - Allergic rhinitis – "unless mild in degree and considered unlikely to limit the examinee's flying activities." Waivers are considered if symptoms are controlled by desensitization or topical medication (or both)
- For survival instructor:
  - if "allergy to pollen, trees, grasses, or dust unless desensitized and controlled on maintenance dosage"



Sinusitis

Disqualifying Sinusitis Conditions

- For continued military service
  - Severe and chronic, which is suppurative, complicated by polyps, or does not respond to treatment
- For enlistment/accession
  - Acute
  - Chronic when symptoms are more than mild, as evidenced by any of the following: chronic purulent nasal discharge, nasal polyps,hyperplastic changes of the nasal tissue, or symptoms requiring frequent medical attention
- For Flying Duties
  - Chronic sinusitis unless mild in degree and considered unlikely to limit the examinee’s flying activities

Eczema

Disqualifying Eczematous Conditions

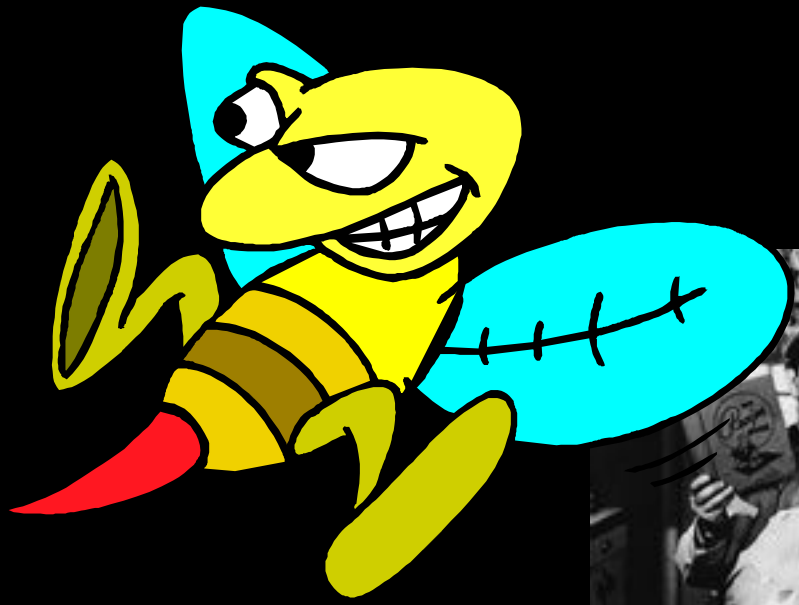
- Disqualifying for continued military service
  - Chronic, regardless of type, when there is moderate involvement, or where there are repeated exacerbations despite continuing treatment
  - Atopic dermatitis severe or requiring frequent hospitalization
- Enlistment/Accession
  - With active or residual lesions in characteristic areas (face, neck, antecubital or popliteal fossae, occasionally wrists and hands), or documented history there of after the age of 5

Urticaria

Disqualifying Urticaria Conditions

- For Continued Military Service
  - “Chronic, severe urticaria not amenable to treatment”
- For Enlistment/Accession
  - Any chronic urticaria
  - Solar urticaria
  - Cold urticaria and angioedema
  - Hereditary angioedema
- For Flying Duty
  - Chronic urticaria
  - Cold urticaria

Stinging Insect And Food



Disqualification in Hymenoptera & Food Allergy

- For Active Duty/Continued military service
  - No specific guidance
  - “If an individual’s health or well being would be compromised if he/she were to be employed in the military service”
  - If an individual refuses required medical treatment or diagnostic procedures
- For Enlistment/Accession
  - If a reliable history of life threatening **generalized reaction with anaphylaxis** to stinging insects
  - A moderate to severe reaction to **common** foods, spices, or food additives
- For Flying Duty
  - History of food-induced anaphylaxis
- For Survival Instructor
  - Allergy to stinging insects, unless he/she is desensitized and controlled on maintenance dosage

Flying Duty

Allergy Medications in Flyers

- Any medications or therapy for flyers must be cleared by the flight surgeon
- “Medication prescribed by a flight surgeon may be used without removal from flying duty once the potential for idiosyncratic reaction has been excluded” (e.g. waivers for antihistamines)
- “Use of any medication, except as described below is cause for medical disqualification for flying duty …”
  - Nasal steroids or fexofenadine (Observation for 10 - 14 days is required, no waiver)
  - Oxymetazoline or phenylephrine nasal sprays (to “get down,” NOT to be used to treat symptoms existing prior to flight)
  - ***Completion*** of courses of certain antibiotics ***once the acute process resolved***
- See attachment 7.31 and newer Approved Aircrew Medications List effective 22Sep2004.

Medical Standards for Flying Duty

- "The medical conditions listed in attachments 2,3 and 7 are cause to reject an examinee for flying training or continued flying duty unless a waiver is granted"
- Waivers and flying status is up to flight medicine
  - Pilots require waiver for any condition requiring desensitization therapy (*see "immunobiologics" in AFI 48-123*)
    - Patient must follow up with the flight surgeon who must submit the waiver
    - Once potential for idiosyncratic reaction has been ruled out and control is maintained, then waiver is submitted
    - Once waiver is granted, verbal 4 hour DNIF is required after each injection
    - Aircrew will not deploy on immunotherapy; flight surgeon must make decision on flying and deployment status

AFI 48-123 and **DEPLOYMENT CRITERIA**

AFI 48-123 and DEPLOYMENT CRITERIA

- **Attachment 18**
- "To be able to deploy, an individual must be able to:"
  - "Be free of medical conditions which require special appliances (epi pen), special treatments (inhalers), and frequent clinical follow-up"
  - "Subsist on field rations for prolonged periods" (common food allergy)
    - Peanut/Beef are considered "common"/ hard to avoid in field rations
    - Shrimp/shellfish is not considered "common"/hard to avoid
  - "Have no increased predisposition to sudden incapacitation" (common food allergy, insect allergy, asthma…)

Medical Board Procedure

1. Identify patient that may have a medical problem that is not acceptable by regulations

2. Place patient on profile (Form SF 422) to notify all parties. NO TDY, PCS, or retirement until evaluation completed

3. Work up patient completely (H&P, labs, X-rays, consults, …)

4. Write summary and submit to patient administration for local medical board
   - See AFI 41-210 for instructions on the MEB and Continued Military Service

Profile and Duty Limitations

- AF 422 used to communicate information in layman's term to non-medical term about patient's physical condition/duty limitations
- 5 categories, each scaled 1-4 (none to severe defect)
  - Physical condition P
  - Upper extremities U
  - Lower extremities L
  - Hearing (ears) H
  - Eyes E
  - Psychiatric S
- 4T precludes reassignment until work up, MEB/PEB processing, or condition is resolved

SF422

PHYSICAL PROFILE SERIAL REPORT

PATIENT ID *(Use plastic card or type/print name)*	GRADE	DATE
WHEEZE A. LOT 20|1718	AFSC	SSN
	UNIT	
	BASE	

PROFILE	P	U	L	H	E	S	SUFFIX	BLOOD GROUP DATA	
PREVIOUS								TYPE AND RH	
REVISED TEMPORARY	4T							G6PD	DEFICIENCY ☐ NO ☐ YES
REVISED PERMANENT								HEMOGLOBIN-S	SICKLE CELL TRAIT ☐ NO ☐ YES

RELEASE DATE OF TEMPORARY PROFILE OR DUTY RESTRICTION: 7-30-01

WORLD-WIDE QUALIFIED ☐ YES ☒ NO

PASSES COLOR VISION ☐ YES ☐ NO

INDIVIDUAL DEFECTS/RESTRICTIONS

ASTHMA, AWAITING MEB
EXERCISE AS TOLERATED

☒ MEDICAL DEFECT/CONDITION REQUIRES MEB OR PEB PROCESSING. ASSIGNMENT AVAILABILITY CODE *(AAC)* 37 APPLIES.

As shown by examination or review of Health Record or current course of treatment, individual is cleared for

☐	OVERSEAS ASSIGNMENT	☐	RETIREMENT/SEPARATION WITHIN ONE (1) YEAR
☐	REMOTE/ISOLATED TOUR	☐	OTHER *(Specify)*

REMARKS

Local Board

3 local physicians → 3 possible options:

1. Condition **NOT DISQUALIFYING**
   → return to full duty without limitation or profile

2. Condition **NOT STABLE**
   → further work up or convalescence needed; postpone determination for up to one year (i.e. improving s/p surgery)

3. Condition **POTENTIALLY DISQUALIFYING**, further improvement not likely, and work up is complete
   → Submit to **P**hysical **E**valuation **B**oard (PEB) (Randolph AFB) for final determination

Physical **E**valuation **B**oard

Three options

1. Medical retirement
2. Assignment limitation code C (ALC-C)
   - Not medically suitable for worldwide duty
   - Requires yearly review
   - Can have a negative career impact because it narrows options and experience
3. Return to medical duty without limitation
   - *"Individuals returned to duty as "fit" by Physical Evaluation Boards (PEB) may not meet deployment standards. Such individuals, if they are retained,* ***must have profiles*** *restricting them from deployment duties"*

Conclusions

- If an individual had any conditions listed in AFI 48-123
  - Non-active duty members → no enlistment, commission, appointment or induction
  - Active duty members →
    - Are not qualified for world wide duty/ deployment
    - Put your patient on a profile (SF 422)
    - It is your responsibility to initiate the MEB process when indicated
  - For flying duty →
    - Flyers are DNIF and must request waiver from their flight surgeon
    - Consult with the patient's flight surgeon when ever you initiate therapy for someone on flying duty
- Know how to find AFI 48-123: **http://afpubs.hq.af.mil**

Any Questions?